PTO/SB/05 (01-04)
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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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	Attorney Docket No.			
L	First Inventor	Mazzio, Elizabeth		
	Title	A topical treatment for dyshidrosis (pompholy		
ſ	Evoress Mail Lahel No	ED 101992557 US		

See MPEP cl	APPLICATION ELEMENTS hapter 600 concerning utility patent application contents.	ADDRESS TO: Commission P.O. Box 1	Patent Application oner for Patents 450 1 VA 22313-1450	
2. Applica See 37 3. Specific (preferre - Descri - Cross - Statem - Refere or a co - Backgi - Brief S - Brief D - Detaile	ed arrangement set forth below) ptive title of the invention Reference to Related Applications nent Regarding Fed sponsored R & D ence to sequence listing, a table, computer program listing appendix round of the Invention Summary of the Invention Description of the Drawings (if filed) and Description	ii. Paper	ndix) Sequence Submission Form (CRF) nce Listing on: D-R (2 copies); or	
- Claim((s) act of the Disclosure	ACCOMPANTING AF	FLICATION FARTS	
4. Drawing 5. Oath or Declar New b. Cop (for i. S 16. Applie 18. If a CONTIN specification foll Prior application in For CONTINUATION 50, is considered	aration [Total Sheets] aration [Total Sheets] aration [Total Sheets] ary executed (original or copy) by from a prior application (37 CFR 1.63(d)) continuation/divisional with Box 18 completed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). cation Data Sheet. See 37 CFR 1.76 NUING APPLICATION, check appropriate box, and supplication Data Sheet under Shee	9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: Deply the requisite information below and in the first sentence of the copy of priority priority is claimed. Art Unit: The prior application, from which an oath or declaration is supplied under Box		
		IDENCE ADDRESS		
Customer Number: OR Correspondence address below				
Name Elizabeth A Mazzio			. 400	
Address 982 W Brevard St D#22				
		State Florida	Zip Code 32304	
Country United States of America Te		elephone 850-681-2143	Fax 850-599-3667	
Name (Print/Type) Elizabeth Mazzio Registration No. (Attorney/Agent)				
Signature Elizabeth Marxiv			Date 03-16-2004	

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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	PTO/SB/17 (10-03

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Complete if Known

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Effective 10/01/2003. Patent fees are subject to annual revision.	_

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known			
Application Number			
Filing Date	3-16-2004		
First Named Inventor	MAZZIO, ELIZABETH		
Examiner Name			
Art Unit			
Attorney Docket No.			

METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)	FEE CALCULATION (continued)		
Check Credit card Money Other None 3. ADDITIONAL FEES	3. ADDITIONAL FEES		
Deposit Account:			
Deposit Fee Fee Fee Fee Fee Description Foo P	hie		
Account Number 1051 130 2051 65 Surcharge - late filing fee or oath	aid		
Deposit Account 1052 50 2052 25 Surcharge - late provisional filing fee or			
Name 1053 130 1053 130 Non-English specification			
The Director is authorized to: (check all that apply)			
Credit any overpayments			
Charge any additional fee(s) or any underpayment of fee(s)			
Charge fee(s) indicated below, except for the filing fee 1805 1,840* Requesting publication of SIR after to the above-identified deposit account.			
FEE CALCULATION 1251 110 2251 55 Extension for reply within first month			
1. BASIC FILING FEE 1252 420 2252 210 Extension for reply within second month			
Large Entity Small Entity 1253 950 2253 475 Extension for reply within third month			
Fee Fee Fee Fee Description Fee Paid 1254 1,480 2254 740 Extension for reply within fourth month			
1001 770 2001 385 Utility filing fee 1255 2,010 2255 1,005 Extension for reply within fifth month			
1002 340 2002 170 Design filing fee 38.5 1401 330 2401 165 Notice of Appeal			
1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal			
1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral hearing			
1005 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 385 1452 110 2452 55 Petition to revive - unavoidable]		
1453 1.330 2453 665 Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from 1501 1,330 2501 665 Utility issue fee (or reissue)			
Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee			
Total Claims 21 -20** = 1 X G = 9 1503 640 2503 320 Plant issue fee			
Claims Multiple Dependent 1460 130 Petitions to the Commissioner	!		
1807 50 1807 50 Processing fee under 37 CFR 1.17(q)			
Large Entity Small Entity Fee Fee Fee Fee Description 1806 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 8021 40 Recording each patent assignment per	i		
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	\neg		
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be			
1204 86 2204 43 ** Reissue independent claims over original patent 1801 770 2801 385 Request for Continued Examination (RCE)	-		
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 Request for expedited examination and over original patent of a design application			
SUBTOTAL (2) (\$) 394.00 Other fee (specify)			
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00			

SUBMITTED BY				(Complete	(Complete (if applicable))	
Name (Print/Type)	Elizabeth	MAZZIO	Registration No. (Attorney/Agent)	Telephone	850-681-2143	
Signature	Elizabeth	Masse		Date	3-16-04	

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PETITION

FOR THE USE OF COLOR PHOTOGRAPHS

This petition is filed for the purpose of requesting color photographs be associated with this patent application. The black and white photographs, do not show clarity or contrast of skin discoloration and subsequent health of skin upon remission. For this reason, we feel that color photographs are necessary.

Sincerely, Elizabeth A, Mazzio	-	
Printed: Elizabeth Mazzio		
Signed: Elizaboth	Mazzu	Date: 3/15/04